

No. W 69975		Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CHERYLE JONES ANDREWS, M. ED. PLLC CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218		CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHERYLE JONES ANDREWS	1517 W JEFFERSON ST	BOISE	ID	83702		
5. Organized Under the Laws of: ID W 69975		6. Annual Report must be signed.* Signature: Carly Rapp Name (type or print): Carly Rapp					
		Date: 12/22/2017 Title: Office Manager					
Processed 12/22/2017 * Electronically provided signatures are accepted as original signatures.							